



**AFFIDAVIT TO CHANGE THE NAME OF THE CHILD ON A CERTIFICATE OF LIVE BIRTH
WITHIN TWELVE (12) MONTHS OF BIRTH**

County _____ City of _____

A sworn Affidavit and a written request by both parents must be submitted in order to change the name of the child without a court order. If only one parent is named on the certificate, a Court Order must be obtained.

SECTION ONE: PARENTAL INFORMATION

Father's Full Name and _____
Mother's Full Name Prior to First Marriage

Being duly sworn, depose and say they reside at _____
Street Address

_____ and are the true parents of
City or County

_____ who was born at _____
The name of child as recorded on original birth certificate *Name of facility*

located in _____ on _____
Name of County or Baltimore City *Child's date of birth*

and whose Birth Certificate, Registration/State File Number _____ is on file with the
Maryland Department of Health.

SECTION TWO: CORRECT FULL GIVEN NAME OF CHILD

SCRATCH OUTS OR WHITE OUTS ON DOCUMENT WILL NOT BE ACCEPTED

Affiants further state that the above named child as recorded on the original birth certificate is being changed to the name listed below.

FULL GIVEN NAME OF CHILD AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE

Child's First Name *Child's Middle Name* *Child's Last Name*

SECTION THREE: PARENTS' SIGNATURES AND NOTARY PUBLIC INFORMATION

Affiants further state that they are making this request of their own free will.

_____ and _____
Signature of Mother *Signature of Father*

_____ *Signature of Notary Public* _____ *Signature of Notary Public*

Seal Date _____ Seal Date _____

**NOTE: THIS FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC
SUBSEQUENT CHANGES WILL REQUIRE A COURT ORDER. IF YOU HAVE A COPY OF THE BIRTH CERTIFICATE, PLEASE RETURN IT
WITH THIS FORM. YOU WILL BE SENT A CORRECTED COPY. A FEE OF \$10.00 IS REQUIRED FOR ANY CHANGES ON A BIRTH
CERTIFICATE IF THE PERSON IS OVER ONE YEAR OF AGE.**